

837 Institutional – Hospice claim form

This document is a field –by –field instructional help sheet. The fields are listed in a right to left format as they appear in the Provider Electronic Solution Software. Examples of the values needed in order to process the claim are given. Those fields with “ Not Required” listed as a value, are present on the claim per HIPAA regulations and are not needed in order to process the claim. This software will **not** allow you to save a claim with a required field missing, however this does not guarantee that your claim will pay, just that the basic information is present. Auto populated fields have the valid value already present and do not need to be entered. ** Represents a list that must be created in order to process the claim. Please see attachment for directions on how to create the lists.

Header 1

FIELD	VALUE
Type of Bill	Appropriate bill type
Provider ID **	Your 10 digit National Provider Identifier or your 7 digit Medicaid provider number
Taxonomy Code	If NPI is auto populated this will as well, if 7 digit Medicaid provider number is used this is Non Applicable
Last/Org Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
Client ID **	This is the MID (commonly the Social Security number) of the client you are billing services for
Account Number	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
Last Name	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
MI	Not Required
From DOS	The date you treated the client
To DOS	The date you stopped treating the client for this billing
Medical Record #	Not Required
Signature on File	Auto – Populated to Y = Yes
Benefits Assignment	Auto – Populated to Y = Yes
Release of Medical Data	Auto – Populated to Y = Yes
Patient Status	Must be appropriate to case. Select the appropriate value from the drop down list. Commonly 30 = Still a patient
Report Type Code	Not Required
Report Transmission Code	Not Required

HEADER 2

FIELDS	VALUE
Diagnosis Code: Primary Admit	Are the conditions for which you are treating the client i.e. 642 = Hypertension. These can be acquired from the clients Primary Care Physician or your medical records.
E -Code	
Attending Provider ** SSN/Tax ID	The information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
Taxonomy Code	If NPI is selected from provider list it will auto populated this will as well, if 7 digit Medicaid provider number is used this is Non Applicable
Last/Org Name	Will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
Admission Date	The date you initial started treating the client
Time	The hour and minute they became your client
Type	Choose an appropriate value from the drop down list for the type of admission
Source	Choose an appropriate value from the drop down list for the source of the admission
Discharge Hour	Not required. If applicable choose an appropriate value from the drop down list
Other Insurance Ind.	Is auto populated to N = no This may be changed to Y = yes if billing Medical Assistance as a secondary * please see attachment for further instructions when billing secondary claims

SRV 1

FIELDS	VALUE
From DOS	The date you treated the client
To DOS	The date you stopped treating the client for this billing
Revue Code	Appropriate to services rendered
Procedure	Is the service you are billing for
Modifiers	If applicable
Billed Amount	The total dollar amount you are billing for the procedure
Units	The total units you are billing for
Basic Unit of Measure	Auto populated to DA = Days
Unit Rate	Is the dollar amount you are billing for the services you rendered

